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**MAR 12 2009**

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58404 7590 12/19/2008

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	(Depositor's name)
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	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/814,117	03/31/2004	James E. Lavallee	EMC04-10(04035)	5149

TITLE OF INVENTION: METHODS AND APPARATUS FOR MANAGING NETWORK RESOURCES

03/12/2009 INTEFSW 00006838 10814117

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1510.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	03/19/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
MCLEOD, MARSHALL M	2457	709-224000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Barry W. Chapin, Esq. Chapin IP Law, LLC 3 _____
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### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type):

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
EMC Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
Hopkinton, MA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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Authorized Signature Barry W. Chapin/

Date March 12, 2009

Typed or printed name Barry W. Chapin, Esq.

Registration No. 39,934

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